

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27554

State File No. 3212
Registrar's No.

Registration District No. 299

Primary Registration District No. 1002

1. PLACE OF DEATH:

- (a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. Luke's Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution July 5 - July 13 - 41
(Specify whether
+ Aug. 28 '41 0
In this community
years, months or days)

3. (a) PRINT FULL NAME Alton Gregg Ewing

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased November 24 1940
(Month) (Day) (Year)

8. AGE: Years Months Days - If less than one day
8 29 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business -----

MOTHER FATHER { 12. Name K. E. Ewing
13. Birthplace Lawrence Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Gregg
15. Birthplace Tulsa Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant K. E. Ewing
(b) Address 5433 Highland Avenue

17. (a) Burial (b) Date thereof Aug. 24, 1941
(Burial, cremation, or removal) Memorial Park Cemetery
(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 4000 Brush Creek Blvd.

19. (a) Aug 23 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5206 Highland
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1941 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 5th, 1941, to Aug 23, 1941;
that I last saw him alive on Aug 23, 1941;
and that death occurred on the date and as stated above.

Immediate cause of death Acute Myocarditis Duration 6 mo

Due to Atrophy & Marasmus - 3 mo

Due to Nutritional Break 3 mo

Other conditions Atopic Erythrodermia 8 mo
(Include pregnancy within 3 months of death)

Major findings: Of operations 93a Atrophy & Marasmus
Of autopsy Atrophy & Marasmus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) -----
(b) Date of occurrence -----
(c) Where did injury occur? -----
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. Samuel Watchell (M. D. or other) D
Address 233 Phoenix Med Date signed Aug 23 41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

H. C. Newcomer Jr.

Licensed Embalmer No. *4043*

P. O. Address *H. C. Newcomer Jr.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.